



CITY OF COLORADO SPRINGS  
FIRE BOARD OF APPEALS MEETING **AGENDA**  
PIKES PEAK REGIONAL BUILDING DEPARTMENT  
2880 INTERNATIONAL CIRCLE  
June 14, 2019 – 8:30 A.M. to 10:00 A.M.

**CALL TO ORDER**

**ADMINISTRATIVE**

1. Review May 10, 2019's Fire Board of Appeals Meeting Minutes
2. Contractor Licensing

A. Fire Alarm Contractor A

- i. Business Name: Arapahoe Fire Protection, Inc.  
Principal Officers: James W. Gray IV, President  
Kraig Denkins, Vice President  
Licensee: Ronald L. Lumsden  
RME: Erik S. Legum
- ii. Business Name: Metro Fire Detection, LLC  
Principal Officer: Tim S. Gilmore  
Licensee: Jeff E. Gilmore  
RME: Jeff E. Gilmore
- iii. Business Name: SimplexGrinnell, LP  
Principal Officers: George Oliver, Chief Executive Officer  
Jennifer Leong, Legal Director  
Licensee: Daniel J. Kleinheitz  
RME: Daniel J. Kleinheitz

B. Fire Alarm Contractor B

- i. Business Name: Apex Integrated Systems, LLC  
Principal Officers: Darin Gilliland, President  
Dave Pezdirc, Managing Partner  
Licensee: Darin L. Gilliland  
RME: Jay M. Hoffmeier

**DISCUSSION ITEM(S)**

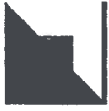
1. Follow-up on Status of Boards and Commissions Ordinance

**ADJOURN**

Respectfully,

  
Brett T. Lacey, Fire Marshal  
Secretary to Fire Board of Appeals

SE 5-13-2019 16698 sent to Fire



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: ARAPAHOE FIRE PROTECTION, INC.

PRINCIPAL: JAMES W. GRAY IV

LICENSE HOLDER: RONALD LUMSDEN

RME: ERIC LEGUM

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 5/23/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	5/13/2019
CRIMINAL BACKGROUND CHECK	SABRINA	5/13/2019
SENT TO FIRE	SABRINA	5/13/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	5/23/19

COMMENTS:

ADDITIONAL LICENSE # 16698

Existing License; Change of License Holder Only

### PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

### FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

### Fire Suppression Contractor – A

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### Fire Suppression Contractor – B

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

### Fire Suppression Contractor/Dealer – C

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### Commercial, Industrial, or Institutional Non-Contractor/Dealer – D

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### Fire Suppression Contractor – M

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### Fire Suppression Contractor – H

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

### Fire Alarm Contractors – A

- ☒ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

### Fire Alarm Contractors – B

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application - \$60.00 + \$250

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A ☐ FAC-B

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Arapahoe Fire Protection, Inc.

Business Name:

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 84-1124406

Business Address: 11901 East 14th Avenue

Street Address

Apartment/Unit #

Aurora

CO

80010

City

State

ZIP Code

Business Phone: 303-366-4905

Business Email: office@arapahofire.com

Business Fax: 303-366-4966

Business Website: www.arapahofire.com

Company's Principal Officers, Partners, or Owners

Name: James W. Gray, IV

Title: President

Name: Kraig Denkins

Title: Vice President

1. Number of years company has operated as a contractor? (If new, write "new") 30 years

2. Type of work performed? (Check one or both, if applicable) ☒ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☒ Yes ☒ No If yes, Explain

4. Has the company been a defendant in a collection action court case? ☒ Yes ☒ No If yes, Explain

5. Has the company ever declared bankruptcy? ☒ Yes ☒ No If yes, Explain

6. Has the company ever had a license suspended or revoked? ☒ Yes ☒ No If yes, Explain

7. Has the company ever defaulted on a contract? ☒ Yes ☒ No If yes, Explain

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

City of Aurora, Fire Sprinkler 2018 1522429 00 CL	City of Arvada, Fire Sprinkler AEC3330
City of Denver, Signal License 216525	City of Boulder, Fire Sprinkler 0002777-FIRESS
City of Aurora, Fire Alarm 2018 1454403 00 CL	City of Boulder, Fire Alarm 0002777-FIREALM
City of Woodland Park, Contractors License	City of Denver, Fire Protection 14468

**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: 3003 East Third Avenue

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$780.00 Date: 02/26/2019 Your position: Design Manager

Describe Job in detail: Fire Alarm Service Call - final inspection

2. Project Street Address: 24750 E. Applewood Circle

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$2,400.00 Date: 02/13/2019 Your position: Design Manager

Describe Job in detail: Fire Alarm Service Call - reset multiple panels

3. Project Street Address: 11097 West Sixth Avenue

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$800.00 Date: 01/21/2019 Your position: Design Manager

Describe Job in detail: Fire Alarm Service Call

4. Project Street Address: 2449 South Colorado Boulevard

Type of work (check one) ☒ Residential ☐ Commercial

Cost: \$1,100.00 Date: 12/06/2018 Your position: Design Manager

Describe Job in detail: Fire Alarm Service Call - faulty smoke alarms

5. Project Street Address: 4550 Cherry Creek Drive South


Type of work (check one) ☒ Residential ☐ Commercial

Cost: \$3,000.00 Date: 01/30/2019 Your position: Design Manager

Describe Job in detail: Fire Alarm Install - power supply replacement

**CERTIFICATION** (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Kraig Denkins, Vice President

Signature:  Date: 4/24/19

### Licensee Information

Legal Name: LUMSDEN RONALD L  
Last First M.I.

Date of Birth: 25 JAN 73 Social Security Number: [REDACTED]

Address: 11901 E 14TH AVE  
Street Address Apartment/Unit #  
AURORA CO 80010  
City State ZIP Code

Phone: 303-366-4905 Fax: \_\_\_\_\_ Email: ron@arapahoe-fire.com

1. What is your area of expertise in the industry? FIRE SPRINKLERS, INSPECTIONS, SPECIAL HAZARDS
2. How long have you worked in the industry? 23 YEARS
3. What is your affiliation with the company? (Owner, partner, employee, etc.) EMPLOYEE
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☐ Yes ☐ No

### Certifications

NICET #	NICET Level	Expires
<u>118272</u>	<u>IV</u>	<u>12/1/21</u>
<u>P.E. #</u>	<u>Issued</u>	<u>Expires</u>
<u>D.O.T. #</u>	<u>Issued</u>	<u>Expires</u>

### Work History

Company	Position	To	From
<u>ARAPAHOE FIRE</u>	<u>DESIGN MANAGER</u>	<u>Present</u>	<u>26 SEPT 09</u>
<u>WESTERN STATES</u>	<u>TRAINER</u>	<u>26 SEPT 09</u>	<u>20 SEPT 05</u>
<u>WILKINGTON FIRE</u>	<u>DESIGNER</u>	<u>15 SEPT 05</u>	<u>4 MAR 02</u>

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): RONALD LUMSDEN

Signature of (Licensee): [Signature] Date: 8 MAY 19

# Responsible Managing Employee (RME) Information

Legal Name: LEGUM ERIK S  
Last First M.I.

Date of Birth: APRIL 24, 1970 Social Security Number: [REDACTED]

Address: 11901 E. 14TH AVE. N/A  
Street Address Apartment/Unit #

Aurora CO 80010  
City State ZIP Code

Phone: 303-366-4905 Fax: 303-366-4966 Email: ERIK@ARAPAHOEFIRE.COM

- What is your area of expertise in the industry? FIRE PROTECTION ENGINEERING
- How long have you worked in the industry? 25 Years
- What is your affiliation with the company? (Owner, partner, employee, etc.) EMPLOYEE
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain N/A
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain N/A

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

## Certifications

NICET # <u>N/A</u>	NICET Level <u>N/A</u>	Expires
P.E. # <u>CO 33426</u>	Issued <u>Jan 25, 1999</u>	Expires <u>01/31/2019</u>
D.O.T. # <u>N/A</u>	Issued <u>N/A</u>	Expires

## Work History

Company	Position	To	From
<u>GRINNELL FIRE</u>	<u>DESIGNER</u>	<u>2006</u>	<u>1994</u>
<u>SIMPLEX GRINNELL</u>	<u>DESIGN MANAGER</u>	<u>2006</u>	<u>2000</u>
<u>ARAPAHOE FIRE</u>	<u>MGR/SALES</u>	<u>PRES</u>	<u>2012</u>

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): ERIK S. LEGUM, PE - FIRE PROT. ENGINEER

Signature of (RME): [Signature] Date: 5/5/19





**NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®**

*Providing Certification Programs Since 1961*

**BE IT KNOWN THAT**

**Ronald L Lumsden**

**IS HEREBY AWARDED CERTIFICATION AT  
LEVEL IV**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
WATER-BASED SYSTEMS LAYOUT**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through December 1, 2021

CERTIFICATION NUMBER 118272

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS





## COLORADO

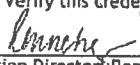
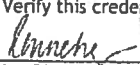
Department of  
Regulatory Agencies

Division of Professions and Occupations

Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting [www.colorado.gov/dora/DPO\\_Print\\_License](http://www.colorado.gov/dora/DPO_Print_License) and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting [www.nasbastore.org](http://www.nasbastore.org) and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at [nasbastore@nasba.org](mailto:nasbastore@nasba.org).

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or [dora\\_dpo\\_licensing@state.co.us](mailto:dora_dpo_licensing@state.co.us).

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Licensure for Architects, Professional Engineers and Professional Land Surveyors		State Board of Licensure for Architects, Professional Engineers and Professional Land Surveyors	
Erik Scott Legum Professional Engineer		Erik Scott Legum Professional Engineer	
PE.0033420 Number	11/01/2017 Issue Date	PE.0033420 Number	11/01/2017 Issue Date
Active Credential Status	10/31/2019 Expire Date	Active Credential Status	10/31/2019 Expire Date
Verify this credential at: <a href="http://www.colorado.gov/dora/dpo">www.colorado.gov/dora/dpo</a>		Verify this credential at: <a href="http://www.colorado.gov/dora/dpo">www.colorado.gov/dora/dpo</a>	
 Division Director Ronne Hines		 Credential Holder Signature	





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Gary Friedman	
ONE, INC.		<b>PHONE (A/C, No, Ext):</b>	
1600 Emerson St.		<b>FAX (A/C, No):</b> 303-623-7325	
Denver		<b>E-MAIL ADDRESS:</b> certificates@confluenceinsurance.com	
CO 80218		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>		<b>INSURER A:</b> EVEREST INDEMNITY (A+ XV)	
		<b>INSURER B:</b> EVEREST DENALI (A+ XV)	
		<b>INSURER C:</b> PINNACOL (A- XIII)	
		<b>INSURER D:</b> NAUTILUS INS. CO. (A+ XV)	
		<b>INSURER E:</b>	
Arapahoe Fire Protection, Inc.		<b>INSURER F:</b>	
11901 E. 14th Ave.			
Aurora			
CO 80010			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	51GL014125-191	1/1/19	1/1/20	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					\$ 1,000,000
	<input checked="" type="checkbox"/> Contractual Liability					DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> \$2,500 BI/PD Combined Deductible					\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Anyone person)
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$ 5,000
	<input checked="" type="checkbox"/> OTHER:					PERSONAL & ADV INJURY
						\$ 1,000,000
						GENERAL AGGREGATE
						\$ 2,000,000
						PRODUCTS - COMPROP AGG
						\$ 2,000,000
						\$
B	<b>AUTOMOBILE LIABILITY</b>		51CAD00227-191	1/1/19	1/1/20	COMBINED SINGLE LIMIT (Ea accident)
	<input checked="" type="checkbox"/> ANY AUTO					\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
						PROPERTY DAMAGE (Per accident)
						\$
						\$
A	<b>UMBRELLA LIAB</b>		51CC005111-191	1/1/19	1/1/20	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB					\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$ 5,000,000
						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	4033631	1/1/19	1/1/20	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below					\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE
						\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT
						\$ 1,000,000
D	<b>PROFESSIONAL LIABILITY</b>		CCP2016872-13	1/1/19	1/1/20	EACH CLAIM/AGGREGATE: \$2,000,000
	<b>CONTRACTORS POLLUTION (CPL)</b>					EACH CLAIM/AGGREGATE: \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All projects & Locations. Certificate Holder is an additional insured under the General Liability policy on a primary and non contributory basis in accordance with all the terms, conditions and limitations of the policy as required by written contract. A Waiver of Subrogation on the General Liability and Workers' Compensation policies apply in favor of the Certificate Holder in accordance with all terms, conditions and limitations of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

PIKES PEAK REGIONAL BUILDING DEPARTMENT  2880 INTERNATIONAL CIRCLE  COLORADO SPRINGS CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Gary A. Friedman

ACORD 25 (2014/01)

© 1988-2014 ACORD CORPORATION. All rights reserved.  
The ACORD name and logo are registered marks of ACORD



# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

## Follow us on social media

 [facebook.com/PPRegionalBuilding/](https://facebook.com/PPRegionalBuilding/)

 [@PPRBD](https://twitter.com/PPRBD)

 [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

## Invoice

5/13/2019 9:03:07 AM

(SABRINA)

Receipt #: 1597778

Contractor: ARAPAHOE FIRE PROTECTION (16698)

Transaction Summary				
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION		APP FEE	\$50.00
1301-40112	CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE)		FEE	\$3.50

Total Due: \$53.50

Payment Summary				
Account	Description		Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card		699047	\$53.50

Total Tendered: \$53.50

Comment:

I agree to pay above total amount according to card issuer agreement.



11901 East 14th Ave.  
Aurora, CO 80010  
303-366-4905 Fax 303-366-4966

95 Talamine Court  
Colorado Springs, CO 80907  
719-244-523 Fax 719-559-2874

• Inspections • Tenant Improvement • Fire Sprinklers • Design • New Installations • Backflows • Fire Alarm • Fire extinguishers • Monitoring

May 21, 2019

Colorado Springs Fire Department  
2880 International Circle  
Suite 200-7  
Colorado Springs, CO 80910

Attn: Chip Taylor

Subj: RME

Dear Chip:

I have worked for Arapahoe Fire Protection since 2012. I currently work full-time for Arapahoe Fire Protection and work for no other companies, sprinkler or otherwise.

Should you have any questions or require any further information, please do not hesitate to contact me.

Sincerely,

ARAPAHOE FIRE PROTECTION, INC.

A handwritten signature in black ink, appearing to read "Erik Legum", with a long horizontal flourish extending to the right.

Erik Legum, PE

SE 5-21-2019 sent to Fire



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: METRO FIRE DETECTION, LLC

PRINCIPAL: RAY GILMORE

LICENSE HOLDER: JEFFREY GILMORE

RME: JEFFREY GILMORE

RECOMMEND:

☒ APPROVAL

☐ DISAPPROVAL

DATE 5/23/19

LICENSE APPLYING FOR:

FSC-A      FSC-B      FSC-C      FSC-D      FSC-H      FSC-M      FAC-A      FAC-B  
FAI      FSI      FSI-L      FST-B      FST-C      FST-D      FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	5/21/2019
CRIMINAL BACKGROUND CHECK	SABRINA	5/21/2019
SENT TO FIRE	SABRINA	5/21/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	5/23/19

COMMENTS:

Additional license 19767 Process app. fee when application has been approved. Existing FAC-A License: Change of License Holder and RME.

### PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

### FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

### Fire Suppression Contractor – A

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### Fire Suppression Contractor – B

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

### Fire Suppression Contractor/Dealer – C

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### Commercial, Industrial, or Institutional Non-Contractor/Dealer – D

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

### Fire Suppression Contractor – M

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

### Fire Suppression Contractor – H

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

### Fire Alarm Contractors – A

- ☒ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

### Fire Alarm Contractors – B

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

## PIKES PEAK REGIONAL BUILDING DEPARTMENT

**Fire Alarm Contractor License Application**

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

**RBD USE ONLY**

Date

Initial

Receipt #

RBD #

**FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)**☒ FAC-A☐ FAC-B**Business Information**Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLCBusiness Name: Metro Fire Detection

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 90-0287151Business Address: 1267 S Lipan St

Street Address

Apartment/Unit #

DenverCO80223

City

State

ZIP Code

Business Phone: 303-457-8088Business Email: tgilmore@metrofiredetection.comBusiness Fax: 303-457-8152Business Website: www.metrofiredetection.com

Company's Principal Officers, Partners, or Owners

Name: Tim S GilmoreTitle: President

Name: \_\_\_\_\_

Title: \_\_\_\_\_

1. Number of years company has operated as a contractor? (If new, write "new") 192. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_**Licenses held by the Company**

Jurisdiction - License type and number

Jurisdiction- License type and number

Denver Electrical 234494	Aurora Fire Cont 2019 1600587 00 CL
Lakewood Fire Cont 11750	Loveland Fire Cont 5936
Thornton Fire Cont FIR201803023	Englewood Fire Cont 14316
Golden Fire Cont 2946	Wheatridge Fire Cont 21285



**Employee (RME) Information**

Legal Name: Gilmore Jeff E  
Last First M.I.

Date of Birth: 09/27/70 Social Security Number: [REDACTED]

Address: 1267 S. Lipan St  
Street Address Apartment/Unit #  
Denver CO 80223  
City State ZIP Code

Phone: 303-500-2762 Fax: \_\_\_\_\_ Email: gesco2010@gmail.com

1. What is your area of expertise in the industry? Fire alarm engineering & design
2. How long have you worked in the industry? 19yrs
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

**Certifications**

NICET #	NICET Level	Expires
P.E. #	Issued	Expires
33730	11/01/17	10/31/19
D.O.T. #	Issued	Expires

**Work History**

Company	Position	To	From
Metro Fire Detection	Design Engineer	Present	May 2000

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Jeff Gilmore, Design Engineer

Signature of (RME): Jeff Gilmore Date: 05/16/19  
DocuSigned by: BE3E29DABE914AA

## Licensee Information

Legal Name: Gilmore Jeff E  
 Last First M.I.

Date of Birth: 09/27/70 Social Security Number: [REDACTED]

Address: 1267 S. Lipan St  
 Street Address Apartment/Unit #  
Denver CO 80223  
 City State ZIP Code

Phone: 303-457-8088 Fax: \_\_\_\_\_ Email: gesco2010@gmail.com

- What is your area of expertise in the industry? Fire alarm engineering & design
- How long have you worked in the industry? 19yrs
- What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

## Certifications

NICET #	NICET Level	Expires
P.E. #	Issued	Expires
33730	11/01/17	10/31/19
D.O.T. #	Issued	Expires

## Work History

Company	Position	To	From
Metro Fire Detection	Design Engineer	Present	May 2000

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Jeff Gilmore, Design Engineer

Signature of (Licensee): Jeff Gilmore Date: 05/16/19  
 DocuSigned by: Jeff Gilmore  
 BE3E29DABE914AA...

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 11 E Arizona Blvd Denver CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 760,200 Date: 5/24/17 Your position: fire alarm

Describe Job in detail: \_\_\_\_\_

2. Project Street Address: 6756 E Archer Dr Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 177,200 Date: 6/16/17 Your position: fire alarm

Describe Job in detail: \_\_\_\_\_

3. Project Street Address: 5121 E Yale Ave Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 339,220 Date: 7/28/17 Your position: fire alarm

Describe Job in detail: \_\_\_\_\_

4. Project Street Address: 2400 S University Blvd Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 623,807 Date: 5/9/16 Your position: fire alarm

Describe Job in detail: \_\_\_\_\_

5. Project Street Address: 800 28th St Boulder

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 645,770 Date: 1/1/16 Your position: fire alarm

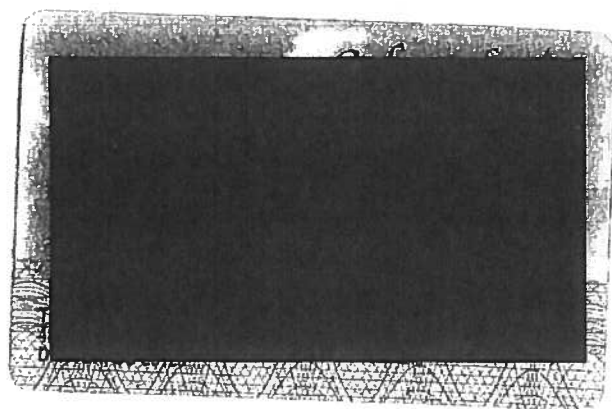
Describe Job in detail: \_\_\_\_\_

**CERTIFICATION** (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Tim S Gilmore President

Signature: 

Date: 5/17/19



# STATE OF COLORADO



The Colorado State Board of Registration  
for  
Professional Engineers and Professional Land Surveyors

*This is to certify that*

**Jeffrey Eugene Gilmore**

*has by open and satisfactory evidence of the necessary qualifications as  
required by provisions of Title 12, Article 26, been duly examined and  
is hereby qualified to practice as a*

*in the State of Colorado.*

In testimony whereof, witness the signature of the

Chairman and Secretary under seal of the Board

this 13th day of June 1991

*W. L. L. L.*  
Chairman

*W. L. L. L.*  
Secretary



33734

City and County of Denver  
Community Planning and Development  
[www.denvergov.org/contractor\\_licensing](http://www.denvergov.org/contractor_licensing)

License/Registration Number: LIC234494  
Expiration Date: 10/31/2020  
License Type: Electrical

Issued To:

By Authority of the Executive Director of  
Community Planning and Development

METRO FIRE DETECTION LLC  
1267 S LIPAN ST  
DENVER, CO 80223

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$250.00	R352900-*01010-0141200	10/26/2017	3736703	Paid

**RENEWAL INFORMATION**

Renewal notices will be e-mailed to e-mail address on file.

Renewal information is available at [www.denvergov.org/Contractor\\_Licensing](http://www.denvergov.org/Contractor_Licensing).

**INSPECTION INFORMATION**

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

√ Permit number


√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

**Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.**

Cut on outside of line, then fold in half.

City and County of Denver IDENTIFICATION CARD	City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202
License/Registration No.: LIC234494	
This is to certify that METRO FIRE DETECTION LLC has been issued a Electrical license in the City and County of Denver, beginning on 26 October 2017 and ending on 31 Oct 2020, unless license is revoked.	<b>DENVER</b> THE MILE HIGH CITY
<u>By Authority of the Executive Director of Community Planning and Development</u>	Licenses & Certificates: 720.865.2770 Permit Counter: 720.865.2705 Inspection Administration: 720.865.2505 Automated Inspection Request: 720.865.2501





**Public Works  
Building Division  
15151 E. Alameda Pky  
Aurora, CO 80012  
303-739-7420**

1357369

## CONTRACTOR LICENSE

**Date of Issue:** 03/27/2019

**Date of Expiration:** 04/01/2020

**License Number:** 2019 1600587 00 CL

**Contractor Name:** METRO FIRE DETECTION INC

**Type of License:** Fire Alarm Systems Contractor

*Permits Online User*

**LICENSING OFFICIAL**

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

METRO FIRE DETECTION INC  
1267 S LIPAN ST  
DENVER CO 80223

### Cut along perforated line

Wallet

Duplicate



Public Works Building Division  
15151 E. Alameda Parkway  
AURORA, CO 80012  
PHONE NO. (303) 739-7420



Public Works Building Division  
15151 E. Alameda Parkway  
AURORA, CO 80012  
PHONE NO. (303) 739-7420

Valid through: 04/01/2020

Valid through: 04/01/2020

Contractor: METRO FIRE DETECTION INC

Contractor: METRO FIRE DETECTION INC

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2019 1600587 00 CL

License #: 2019 1600587 00 CL

A signed license by license official should be  
maintained in your files.

A signed license by license official should be  
maintained in your files.





Metro Fire Detection LLC  
1267 S Lipan St  
Denver, CO 80223

## City of Lakewood

Civic Center North  
480 South Allison Parkway  
303-987-7500  
Lakewood, Colorado 80226

### Contractor Registration #: 11750

<b>Type of Registration:</b> Miscellaneous	<b>Issue Date:</b> 1/11/2019	<b>Expires On:</b> 1/11/2022
---	---------------------------------	---------------------------------

MIKE SIZEMORE, BUILDING OFFICIAL



# Loveland Fire Rescue Authority

## Community Safety Division

No. 5936

This certifies that Tim Gilmore (Metro Fire Detection) has met the required qualifications to be licensed as an S-4 Fire Alarm Contractor in the Loveland Fire Rescue Authority.

Date Issued 4/15/2019

Expiration Date 4/15/2021

Fire Official S - J



## CONTRACTOR'S LICENSE

City of Thornton  
9500 Civic Center Drive  
Thornton, CO 80229  
303-538-7250

Contractor Number: LCC2015006992

This is to certify that: METRO FIRE DETECTION LLC

1267 S LIPAN ST

DENVER, CO 80223

Has been issued the following license(s):

<u>Issuance Type</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
Class D Fire Systems	FIR201803023	11/16/2018	11/21/2019

A handwritten signature in black ink, appearing to read "Doug White", written over a horizontal line.

Chief Building Official

\_\_\_\_\_  
Signature of Licensee



# CONTRACTOR LICENSE / REGISTRATION

*City of Englewood, Colorado*

DIVISION OF BUILDING AND SAFETY

License Type: E04 Special

License No: 14316

Issue Date: 7/20/2018

Expires: 7/23/2019

Issued To:

**METRO FIRE DETECTION LLC (Low Voltage)**  
**1267 S LIPAN STREET**

Licensing Agent:

*City of Englewood, Colorado*

**DENVER, CO 80223**

METRO FIRE DETECTION LLC (L  
1267 S LIPAN STREET  
DENVER CO 80223 E04

Metro Fire Detection, LLC  
Tim Gilmore  
1267 S Lipan Street  
Denver, CO 80223



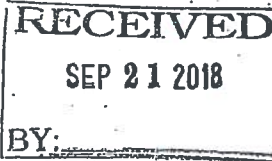
# City of Golden

## CONTRACTOR REGISTRATION

Registration # 2946

Metro Fire Detection, LLC  
Tim Gilmore  
1267 S Lipan Street  
Denver, CO 80223

Registration: Exp Date:  
Fire Protectio 9/26/2019



City of Golden  
CONTRACTOR REGISTRATION  
Registration # 2946

Metro Fire Detection, LLC Registr: Exp Date:  
Tim Gilmore Fire Protec 9/26/2019  
1267 S Lipan Street  
Denver, CO 80223

For information, please contact the Building Division at 303-384-8151



# City of Golden

## RECEIPT

1445 10th Street

Golden, Colorado 80401

Inspection Hotline: (303) 384-8198

Office: (303) 384-8151 Fax: (303) 384-8161

[www.cityofgolden.net/building](http://www.cityofgolden.net/building)

Date: **9/18/2018**

Receipt #: **44315**

Received From: **Metro Fire Detection, LLC**

<b>Fees Paid:</b>	<b>Account:</b>	<b>Amount:</b>
Contr Reg: Metro Fire Detection, LLC	Contractor Registration Fee	\$75.00

<b>Payments Received:</b>	<b>Payment Type:</b>	<b>Amount:</b>
Received by: TSANCHEZ	Check	\$75.00

Total for Receipt #44315	\$75.00
--------------------------	---------





## CITY OF WHEAT RIDGE

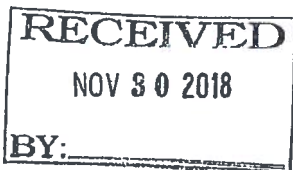
Building Division  
7500 W 29TH AVE  
WHEAT RIDGE CO 80033-8001 (303)235-2855

### Contractor's License # - 021285

Metro Fire Detection  
Tim Gilmore  
1267 S LIPAN ST  
DENVER CO 80223-3006

Bus Phone: (303)457-8088  
Fax: (303)457-8152

Type of License	Expires On	Amount
Elec. Signal (<48 volts)	11/30/19	75.00
Person(s) able to pull permits - Tim Gilmore, John Vasquez, and Mike Vasquez.		



*Randy Musser*

Chief Building Official

11/27/18

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Metro Fire Detection, LLC

is a

Limited Liability Company

formed or registered on 05/16/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001098567 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/15/2019 that have been posted, and by documents delivered to this office electronically through 05/17/2019 @ 07:14:21 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/17/2019 @ 07:14:21 in accordance with applicable law. This certificate is assigned Confirmation Number 11578732 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/3/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
CRS Insurance Brokerage  
6600 E Hampden Ave  
Denver CO 80224

CONTACT  
NAME: Scott Anderson, CIC

PHONE  
(A/C, No, Ext): 303-996-7833

FAX  
(A/C, No): 303-757-7719

E-MAIL  
ADDRESS: sanderson@crsdenver.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Burlington Insurance Co.

INSURER B: Westfield Insurance

24112

INSURER C: Pinnacle Assurance

41190

INSURER D:

INSURER E:

INSURER F:

INSURED  
Metro Fire Detection, LLC  
Heather  
1267 Lipan St  
Denver CO 80223

METRFR-01

## COVERAGES

CERTIFICATE NUMBER: 1961832562

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			SP2180036	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CWP9996787	10/1/2018	10/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$			HFF0007839	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	4125303	8/1/2018	8/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B A	Leased & Rented Equipment Pollution Liability			CWP9996787 SP2180036	10/1/2018 10/1/2018	10/1/2019 10/1/2019	Limit Ded Pollution Liab 50,000 1,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
All policy terms, conditions and exclusions apply.

## CERTIFICATE HOLDER

## CANCELLATION

Pikes Peak Regional Building Department  
2880 International Circle  
Colorado Springs CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

5/10/2018 2:00:59 PM  
(SABRINA)  
Receipt #: 1499477

## Invoice

Contractor: METRO FIRE DETECTION, LLC. (19767)

Transaction Summary				
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	ELECT	19767	\$75.00

Total Due: \$75.00

Payment Summary				
Account	Description		Reference	Amount
9801-55200	COLLECTION, CHECK		25566	\$75.00

Total Tendered: \$75.00

Comment:



THIS IS TO CERTIFY THAT  
METRO FIRE DETECTION, LLC.

IS A LICENSED (ID# 19767)  
FIRE ALARM A CONTRACTOR

Examinee: JOHN VASQUEZ  
Expires: 31-May-2019

mailed  
5-17-19

Renew

now a ME



A U.L. LISTED FIRE ALARM INSTALLATION COMPANY

5/17/19

Pikes Peak Regional Bldg Dept  
2880 International Circle  
Colorado Springs, CO 80910

Acct # 19767

To Whom It May Concern:

This letter is to renew our license with Pikes Peak. John Vasquez passed away last year and we are submitting another RME. Jeff Gilmore is our professional engineer. He has been with Metro Fire Detection since our inception 5/16/2000.

Thank you,

A handwritten signature in cursive script, appearing to read 'Tim Gilmore'.

Tim Gilmore  
President  
Business Development



*We support and encourage NICET certification*

Fax: 303-457-8152

PM 5-16-19 Sent to Fire



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: Simplex Grinnell

PRINCIPAL: George Oliver

LICENSE HOLDER: Daniel Klienheitz

RME: Daniel Kleinheitz

RECOMMEND:

☒ APPROVAL

☐ DISAPPROVAL

DATE 5/20/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	PaulM	05/16/2019
CRIMINAL BACKGROUND CHECK	PaulM	05/16/2019
SENT TO FIRE	PaulM	05/16/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	5/20/19

COMMENTS:

Applying For FAC-A #15552 Replacing Current License Holder

Existing license change of license holder only; RME is not changing.

### PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

### FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

### Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

### Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

### Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

### Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

### Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

### Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

### Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

### Fire Alarm Contractors – A

- x •RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- x •Certificate of Liability and Workers' Compensation insurance.
- x •Documentation of minimum 5 years work experience.



# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

### FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A ☐ FAC-B

#### RBD USE ONLY

Date 5-15-14

Initial PM

Receipt # 1592740

RBD #

### Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: Simplex Grinnell

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 80-0706067

Business Address: 915 Valley Street  
Street Address

Apartment/Unit #

Colorado Springs  
City

CO  
State

80915  
ZIP Code

Business Phone: 719-574-4215

Business Email: daniel.kleinbeitz@scf.com

Business Fax: 719-574-1253

Business Website: scf.com

### Company's Principal Officers, Partners, or Owners

Name: George Oliver

Title: CEO

Name: Jennifer Leong

Title: Legal Director

1. Number of years company has operated as a contractor? (If new, write "new") 49

2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

### Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

<u>Fire Alarm A - FAC-A</u>	

**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: 1590 W. Fillmore Street, C/S, CO. 80904

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 225,183.00 Date: 10/4/18 Your position: Project Manager

Describe Job in detail: Upgrade fire alarm system

2. Project Street Address: 9333 Vista Del Pico Blvd. C/S, CO. 80927

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 64,104 Date: 5/16/18 Your position: Project Manager

Describe Job in detail: New construction, fire alarm system

3. Project Street Address: 9208 Grand Cordera Pkway, C/S, CO. 80920

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 141,927 Date: 2/14/14 Your position: Designer / Project Manager

Describe Job in detail: New construction, fire alarm system

4. Project Street Address: 11148 Towner Ave. Peyton, CO. 80831

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 50,980 Date: 8/30/17 Your position: Project Manager

Describe Job in detail: New construction, fire alarm system

5. Project Street Address: 1710 Briargate Blvd. C/S, CO. 80920

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 150,726 Date: 7/23/15 Your position: Designer

Describe Job in detail: Upgrade fire alarm

**CERTIFICATION** (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) G Jason Hill / Operations Manager

Signature: G Jason Hill Date: 5/14/2019

# Licensee Information

Legal Name: Kleinheitz Daniel J.  
Last First M.I.

Date of Birth: Nov. 16, 1981 Social Security Number: [REDACTED]

Address: 915 Valley Street  
Street Address  
Colorado Springs CO 80915  
City State ZIP Code

Phone: 719-373-7453 Fax: 719-574-1253 Email: daniel.kleinheitz@cccl.com

- What is your area of expertise in the industry? Fire Alarm
- How long have you worked in the industry? 14 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

## Certifications

NICET #	NICET Level	Expires
<u>119281</u>	<u>4</u>	<u>4-1-2022</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

## Work History

Company	Position	To	From
<u>Simplex Grinnell</u>	<u>Project Manager</u>	<u>Current</u>	<u>12-29-04</u>

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Daniel J. Kleinheitz Project Manager

Signature of (Licensee): [Signature] Date: 5-14-19

## Responsible Managing Employee (RME) Information

Legal Name: Kleinheitz Daniel J  
Last First M.I.

Date of Birth: Nov. 16, 1981 Social Security Number: [REDACTED]

Address: 915 Valley Street  
Street Address Apartment/Unit #  
Colorado Springs CO 80915  
City State ZIP Code

Phone: 719-373-7453 Fax: 719-574-1253 Email: daniel.kleinheitz@jcl.com

1. What is your area of expertise in the industry? Fire Alarm
2. How long have you worked in the industry? 14 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

### Certifications

NICET #	NICET Level	Expires
<u>119281</u>	<u>4</u>	<u>4-1-2022</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

### Work History

Company	Position	To	From
<u>Simplex Grinnell</u>	<u>Project Manager</u>	<u>Current</u>	<u>12-29-04</u>

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Daniel J. Kleinheitz - Project Manager

Signature of (RME): [Signature] Date: 5-14-19



SimplexGrinnell LP  
915 Valley Street  
Colorado Springs, CO 80915

P: (719) 574-4215  
F: (719) 574-1253

[www.simplexgrinnell.com](http://www.simplexgrinnell.com)

May 14th, 2019

To whom it may concern:

John Hanchek is no longer employed by SimplexGrinnell and or JCI. Mr. Hanchek was the Fire Alarm A Contractor license holder the SimplexGrinnell LP. Pikes Peak Regional Building Department contractor license number 15552.

If you have any questions or concerns on this matter please feel free to reach out to me directly.

Thank you,

A handwritten signature in black ink, appearing to read "Garry Hill".

**G Jason Hill** | District Operations Manager  
SimplexGrinnell / JCI  
915 Valley Street, Colorado Springs, CO 80915 USA  
Mobile: 719.377.1063 | Fax: 719.574.1253  
[Garry.hill@jci.com](mailto:Garry.hill@jci.com)  
[www.simplexgrinnell.com](http://www.simplexgrinnell.com)

Fire, Security, Communications, Workforce Solutions, Sales & Service  
Offices & Representatives in Principal Cities throughout the World

**PIKES PEAK REGIONAL BUILDING DEPARTMENT**  
**Contractor -- SIMPLEX GRINNELL, LP**

**Status: ACTIVE**

**Type of Business: Partnership**

**In Business Since: 27-Nov-2001**

915 VALLEY ST  
 COLORADO SPRINGS, CO 80915  
 Phone: (719) 574-4215  
 Fax: (719) 574-4215  
 Officer #1: ZIEGLER, MICHAEL-DISTRICT MGR.

**LICENSES**

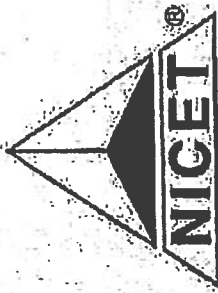
Last Name	First Name	D	T	Cat	Subcat	Phone	Expires	Renewed
MARTIN	JEFFREY	B	D	7A	FSC-A	(719) 799-2177	11/27/2017	11/23/2016
MOODY	RONALD	B	D	8B	FSC-B	(719) 574-4215	07/31/2017	06/20/2016
MOODY	RONALD	B	D	H	FSC-H	(719) 377-8499	09/30/2017	10/10/2016
HANCHECK	JOHN	F	A			(719) 648-5415	12/31/2019	01/11/2019

**OBLIGATIONS**

T	Agency	Reference #	Expires
C - Certification	D.O.T.	H121	03/06/2020
L - Liability	OLD REPUBLIC INSURANCE COMPANY	MWZY310897	10/01/2019
N - Nicet	NICET (SUPPRESSION)	98816 MARTIN	07/01/2020
N - Nicet	NICET (ALARM)	83242 SHARP	10/01/2020
N - Nicet	NICET IV (ALARM)	119281/ KLEINHE	04/01/2022
W - Workers Comp.	OLD REPUBLIC INSURANCE COMPANY	MWC3084200	10/01/2019

**ASSOCIATES**

Associate	Permits
FEAR, DAVID	0
HIGDON, NATHAN - FAI	0
KIM, KI- CONSTRUCTION MANAGER & PM	0
KLEINHEITZ, DAN	0
MCNULTY, MIKE- CONSTRUCTION MANAGER & PM	0
SENG, AARON	40
THOMAS, SEAN	16
WOFFORD, JEFF	8



# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

*Providing Certification Programs Since 1961*

BE IT KNOWN THAT

**Daniel J. Kleinheitz**

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
FIRE ALARM SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through April 1, 2022.

CERTIFICATION NUMBER: 119281



CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/10/2018

pm 15552

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA Inc. 411 East Wisconsin Avenue Suite 1300 Milwaukee, WI 53202	<b>CONTACT</b> Alln: Carl Center (800) 866-4684 FAX (212) 946-5167 JCI.CertRequest@marsh.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: OLD REPUBLIC INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53208	<b>NAIC #</b> 24147

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER			MWZY 313947	10/01/2018	10/01/2019	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG INC IN GEN AGG
A	AUTOMOBILE LIABILITY			MWTB 313946 (Excludes New Hamp)	10/01/2018	10/01/2018	COMBINED SINGLE LIMIT (Ea Accident) \$2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			MWTB 313949 (Primary NH \$250k)	10/01/2018	10/01/2019	BODILY INJURY (Per person)
A	<input type="checkbox"/> OWNED AUTOS ONLY			MWZX 313950 (Excess NH \$1.75mm)	10/01/2018	10/01/2018	BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS ONLY			Excess NH Auto ls follow form to			PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY			Primary NH Auto			
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	MWC 313943 00 (AOS - See Pg 2)	10/01/2018	10/01/2019	<input checked="" type="checkbox"/> PER <input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N		MWXS 313944 (OH & WA)	10/01/2018	10/01/2019	E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**Pikes Peak Regional Building Department  
2680 International Circle  
Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.  
by Ann Moody

ACORD 25 (2016/03)

© 1988- 2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



**Request for Taxpayer  
Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>TYCO FIRE &amp; SECURITY (US) MANAGEMENT INC</b>	
	2 Business name/disregarded entity name, if different from above <b>JOHNSON CONTROLS FIRE PROTECTION LP (TIN 58-2608861, FKA SIMPLEXGRINNELL LP)</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from FATCA reporting code (if any) <b>E</b> (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. <b>6600 CONGRESS AVENUE</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>BOCA RATON, FL 33487</b>		
7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
OR								
Employer identification number								
8	0		-	0	7	0	6	0 6 7

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Brenda L. Howell</i>	Date ► <i>11/8/2018</i>
-----------	--	-------------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.



# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

## Follow us on social media

- [facebook.com/PPRegionalBuilding/](https://facebook.com/PPRegionalBuilding/)
- [@PPRBD](https://twitter.com/PPRBD)
- [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

## Invoice

5/15/2019 2:09:14 PM

(PAULM)

Receipt #: 1598740

Contractor: SIMPLEX GRINNELL, LP. (15552)

Transaction Summary			
Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE`	\$50.00
1301-40112	CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE)	FEE	\$3.50

Total Due: \$53.50

Payment Summary			
Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	699911	\$53.50

Total Tendered: \$53.50

Comment:

I agree to pay above total amount according to card issuer agreement.

**tyco**

*Fire &  
Security*

**SimplexGrinnell**

915 Valley Street  
Colorado Springs, CO 80915-3768 U.S.A.  
TELE: (719) 574-4215  
SALES: (719) 277-0559  
FAX: (719) 574-1253

[www.simplexgrinnell.com](http://www.simplexgrinnell.com)

May 20, 2019

To whom it may concern,

Daniel J Kleinheitz is a full time exclusive employee of SimplexGrinnell. If you have any questions or concerns please feel free to reach out to me directly via the contact information below.

Thank you,

*G Jason Hill*

**G Jason Hill** | District Operations Manager  
SimplexGrinnell  
915 Valley Street, Colorado Springs, CO 80915 USA  
Tel: 719.799.2155 | Mobile: 719.377.1063 | Fax: 719.574.1253  
[Garry.hill@JCI.com](mailto:Garry.hill@JCI.com)  
[www.simplexgrinnell.com](http://www.simplexgrinnell.com)

Fire, Security, Communications, Workforce Solutions, Sales & Service  
Offices & Representatives in Principal Cities throughout the World



## FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: APEX INTEGRATED SYSTEMS, LLC

PRINCIPAL: DARIN GILLILAND

LICENSE HOLDER: DARIN GILLILAND

RME: JAY HOFFMEIER

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 5/28/19

LICENSE APPLYING FOR:

FSC-A      FSC-B      FSC-C      FSC-D      FSC-H      FSC-M      FAC-A      FAC-B  
FAI      FSI      FSI-L      FST-B      FST-C      FST-D      FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	PAUL M	05/24/2019
CRIMINAL BACKGROUND CHECK	PAUL M	05/24/2019
SENT TO FIRE	PAUL M	05/24/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	5/28/19

COMMENTS:

PLEASE CALL APPLICANT TO INFORM THEM IF THEY MET THE DEADLINE OR NOT ALSO WANT IN FO APPLYINH FOR FAC-A IN THE FUTURE. THANK YOU.

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: [Licensing@pprbd.org](mailto:Licensing@pprbd.org)

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: [Fireconstructionservices@springsgov.com](mailto:Fireconstructionservices@springsgov.com)

### Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

### Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

### Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

### Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

### Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

### Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

### Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

### Fire Alarm Contractors – B

- x •RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- x •Certificate of Liability and Workers' Compensation insurance.
- x •Documentation of minimum 5 years work experience.

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☐ FAC-A ☒ FAC-B

### RBD USE ONLY

Date 5/14/11

Initial PM

Receipt # 1601229

RBD #

## Business Information

Type of Entity (Check one) ☐ Individual ☒ Partnership ☐ Corporation ☒ LLC

Business Name: Apex Integrated Systems, LLC

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 81-2581861

Business Address: 8200 Park Meadows Dr. Unit 8224  
Street Address Apartment/Unit #

Lone Tree  
City

CO  
State

80124  
ZIP Code

Business Phone: 720-851-2739 Business Email: \_\_\_\_\_

Business Fax: 720-367-5396 Business Website: apexintegratedllc.com

Company's Principal Officers, Partners, or Owners

Name: Darin Gilliland Title: President

Name: Dave Pezdirtz Title: Managing Partner

1. Number of years company has operated as a contractor? (If new, write "new") 15 yrs

2. Type of work performed? (Check one or both, if applicable) ☒ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

## Licenses held by the Company

Jurisdiction - License type and number	Jurisdiction- License type and number
Denver - Burglar Alarm System - 2010-BFN-1050344	Denver - Access Control - 240065
Lakewood - Low Voltage - 21324	Centennial - Trade Contractor - 30426
Wheatridge - Electrical Signal < 48 Volts - 190083	
Denver - Electrical Signal < 48 Volts - 240066	

# Responsible Managing Employee (RME) Information

Legal Name: HOFFMEIER JAY M  
Last First M.I.

Date of Birth: 7-24-79 Social Security Number: [REDACTED]

Address: 8224 PARK MEADOWS DR.  
Street Address Apartment/Unit #  
LOVE TREE CO 80112  
City State ZIP Code

Phone: 720-925-8302 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

- What is your area of expertise in the industry? Fire Alarm Systems, Service & Install
- How long have you worked in the industry? 6 years Fire Alarm, 4 years Electrical
- What is your affiliation with the company? (Owner, partner, employee, etc.) EMPLOYEE
- Have you ever been convicted of a misdemeanor or felony? ☒ Yes ☐ No If yes, Explain Robbery; Oct. 1998  
5 years Community Corrections
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain Joffco.
- I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

## Certifications

NICET #	NICET Level	Expires
<u>142027</u>	<u>11</u>	<u>3-1-2022</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

## Work History

Company	Position	To	From
<u>Firetrol</u>	<u>Lead Tech</u>	<u>2-2018</u>	<u>2-2019</u>
<u>Complete Fire</u>	<u>Tech</u>	<u>6-2017</u>	<u>12-2017</u>
<u>Vision</u>	<u>Lead Tech</u>	<u>6-2016</u>	<u>6-2017</u>

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): JAY HOFFMEIER Technician/Estimator

Signature of (RME): [Signature] Date: 5-16-2019



# Licensee Information

Legal Name: Gilliland Darin L.  
Last First M.I.

Date of Birth: 4/23/67 Social Security Number: [REDACTED]

Address: 455 DUNE PL.  
Street Address Apartment/Unit #

Lone Tree CO 8074  
City State ZIP Code

Phone: 303-819-0107 Fax: N/A Email: dgilliland@apexintegratedllc.com

- What is your area of expertise in the industry? Operations
- How long have you worked in the industry? 21 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Partner / President
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

## Certifications

NICET #	NICET Level	Expires
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

## Work History

Company	Position	To	From
Apex Integrated Sys.	President - Partner	Present	Jan. 2012
Compass Solutions	Owner / Operator	Jan 2012	Feb 2009
Global Telecom	Technical Ops. Mgr.	Feb. 2009	June 1998

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Darin Gilliland President / Partner

Signature of (Licensee): [Signature] Date: 5/23/19



**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: INTERQUEST APARTMENTS, COLORADO SPRINGS, CO

Type of work (check one) ☒ Residential ☒ Commercial

Cost: 265,000 Date: 2017-2018 Your position: MANAGING PARTNER

Describe Job in detail: GARDEN STYLE, MDU, ACCESS, STRUCTURE CABLING, CCTV, AUDIO

2. Project Street Address: VUE 21, COLORADO SPRINGS, CO

Type of work (check one) ☒ Residential ☒ Commercial

Cost: 300,000 Date: 2019- Your position: MANAGING PARTNER

Describe Job in detail: ACCESS, CCTV, STRUCTURE CABLE, FIRE ALARM,  
MDU (MULTI FAMILY) GARDEN STYLE

3. Project Street Address: TEQUILA 14TH AND SPEER DENVER, CO

Type of work (check one) ☒ Residential ☒ Commercial

Cost: 755,000 Date: 2017-2019 Your position: MANAGING PARTNER

Describe Job in detail: 300+ UNIT MULTI FAMILY, FIRE ALARM, ACCESS, CCTV  
STRUCTURE CABLING, WRAP STYLE

4. Project Street Address: BLOCK 7 EAST (9TH + COLORADO), DENVER, COLORADO

Type of work (check one) ☒ Residential ☒ Commercial

Cost: 670,000 Date: 2018-2019 Your position: MANAGING PARTNER

Describe Job in detail: MULTI FAMILY, WRAP STYLE, ACCESS, CCTV, A/V,  
STRUCTURE CABLING.

5. Project Street Address: WEST END 38 APARTMENTS, WESTMINSTER, CO

Type of work (check one) ☒ Residential ☒ Commercial

Cost: 550,000 Date: 2018-2019 Your position: MANAGING PARTNER

Describe Job in detail: 203 UNIT, WRAP MULTI FAMILY, FIRE ALARM, CCTV, ACCESS, A/V  
STRUCTURE CABLING.

**CERTIFICATION** (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) DAVID PEZARK, MANAGING PARTNER

Signature:  Date: 5-23-19



# CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSES

201 W. COLFAX AVE DEPT #206

DENVER, COLORADO 80202

TELEPHONE: (720) 865-2740

## BUSINESS - PROFESSIONAL LICENSE

POST IN CONSPICUOUS PLACE

BUSINESS FILE NO.: 2010-BFN-1050344

STATE LIC NO.:

OP: GH

ISSUE DATE

12/31/2018

APPLICATION DATE: 12/26/2018

APEX INTEGRATED SYSTEMS, LLC

APEX COMMUNICATION SERVICES

8224 PARK MEADOWS DR

LONETREE, CO 80124

EXPIRES

10/14/2019

<u>LICENSE</u>	<u>LICFEE</u>	<u>APPFEE</u>	<u>DATE PAID</u>	<u>FUND/ORG</u>	<u>REVENUE</u>
Burglar Alarm System Company Late Fee	\$25.00	\$0.00	12/26/2018	01010-4001100	R404100
Burglar Alarm System Company License Fee	\$50.00	\$0.00	12/26/2018	01010-4001100	R404100

### COMMENTS

IT IS THE LICENSEE'S RESPONSIBILITY TO RENEW PRIOR TO THE EXPIRATION DATE LISTED ON THIS LICENSE. IT SHALL BE UNLAWFUL TO OPERATE AFTER THE EXPIRATION DATE UNLESS THE LICENSEE HAS FILED A COMPLETE RENEWAL APPLICATION AND PAID ALL REQUISITE FEES. THE LICENSE WILL BE ADMINISTRATIVELY CLOSED AND ALL LICENSE PRIVILEGES WILL BE FORFEITED IF IT IS NOT RENEWED WITHIN 90 DAYS OF THE EXPIRATION DATE. COMPLIANCE WITH ALL PROVISIONS OF THE DENVER REVISED MUNICIPAL CODE, INCLUDING COMPLIANCE WITH ARTICLE IV OF CHAPTER 28, IS A CONDITION OF THIS LICENSE. THIS LICENSE COVERS ONLY THOSE ACTIVITIES LISTED.

*Ashley Kilgus*

Director, Excise and Licenses

*Bob Hoffman*

Chief Financial Officer



Apex Integrated Systems LLC  
8200 Park Meadows Dr #8224  
Lone Tree, CO 80124

## City of Lakewood

Civic Center North  
480 South Allison Parkway  
303-987-7500  
Lakewood, Colorado 80226

### Contractor Registration #: 21324

<b>Type of Registration:</b> Low Voltage	<b>Issue Date:</b> 1/7/2019	<b>Expires On:</b> 1/7/2022
---	--------------------------------	--------------------------------

MIKE SIZEMORE, BUILDING OFFICIAL



## CITY OF WHEAT RIDGE

Building Division  
7500 W 29TH AVE  
WHEAT RIDGE CO 80033-8001 (303)235-2855

### Contractor's License # - 190083

APEX INTEGRATED SYSTEMS LLC  
DAVID PEZDIRC  
8224 PARK MEADOWS DR  
LONE TREE CO 80124

Bus Phone: (720)851-2739  
Fax:

Type of License	Expires On	Amount
Elec. Signal (<48 volts)	04/30/20	75.00
Person(s) able to pull permits: Antonio Moreno, Jr., Michael C Cameron, Stephen A Garcia Jr, Darin L Gilliland		

Chief Building Official

04/08/19

# City & County of Denver

DARIN GILLILAND  
3038190107  
8200 PARK MEADOWS DR  
LONETREE, CO 80124

---

## License Information

**License Type:** Access Control System 240065  
**Expiration Date:** 9/30/2021  
**Contractor Status:** Active

DARIN GILLILAND  
3038190107  
8200 PARK MEADOWS DR  
LONETREE, CO 80124

---

## License Information

**License Type:** Electrical Signal 240066  
**Expiration Date:** 9/30/2021  
**Contractor Status:** Active



**City of Centennial**

13133 E Arapahoe Rd

Centennial, CO 80112

P: 303-754-3321 F: 303-708-1790

**PROFESSIONAL LICENSE CERTIFICATE**

**Issued To:**            **Darin Gilliland**

**Certification(s):**    5200-1975-01 - General Liability Insurance,  
WC 4193890 - Worker's Compensation

**Mailing Address:**   8200 Park Meadows Dr Unit 8224  
Lone Tree, CO 80124

**License Number:**   CL-30426

**License Type:**       Contractor

**Issued Date:**        6/1/2018

**Classification:**     Trade

**Expiration Date:**    6/6/2019

**Fees Paid:**           \$80.00

TO BE POSTED IN A CONSPICUOUS PLACE



NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®

**Jay M Hoffmeier**

FIRE ALARM SYSTEMS/II

CERT NO. 142027 VALID THRU 03/01/2022



May 23, 2019

**Subject: Apex RME (Responsible Managing Employee) for FAC-B Application**

Dear Sir / Madam:

Per the request of the licensing authority, I confirm that Jay Hoffmeier (Nicet II) is an exclusive fulltime employee of Apex Integrated Systems, LLC and is acting in the role of Responsible Managing Employee (RME) in support of the Apex FAC-B application.

If there are any questions / concerns, please feel free to contact me at 713 553 1488.

Best Regards,

A handwritten signature in black ink, appearing to read 'D. Pezdirc', with a stylized flourish at the end.

David J. Pezdirc

Managing Partner

Apex Integrated Systems, LLC



OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Apex Integrated Systems, LLC

is a

Limited Liability Company

formed or registered on 03/28/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161220500 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/19/2019 that have been posted, and by documents delivered to this office electronically through 05/23/2019 @ 11:30:10 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/23/2019 @ 11:30:10 in accordance with applicable law. This certificate is assigned Confirmation Number 11590991 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> John T. Costa Agency, Inc. P.O. Box 2338 2025 Hamburg TPKE Suite J Wayne, NJ 07470  www.burglalarminsurance.com	<b>CONTACT NAME:</b> Ralph A. Costa <b>PHONE (A/C, No, Ext):</b> 973-835-8444 <b>FAX (A/C, No):</b> 973-835-3056 <b>E-MAIL ADDRESS:</b> certs@burglalarminsurance.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Allied World Surplus Lines Insurance Co	
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 48874891**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omissions  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			5200-1975-02	5/17/2019	5/17/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$			5201-0669-02	5/17/2019	5/17/2020	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as additional insured for general liability whom you are required to add as additional insured on this policy under a written contract, written agreement or written permit and subject to CG2010 blanket additional insured endorsement attached.

**CERTIFICATE HOLDER****CANCELLATION**

Pikes Peak Regional Building Department  
2880 International Circle  
Colorado Springs CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ralph A. Costa

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Security First Insurance Agency 7851 S Elati St, Suite 100 Littleton CO 80120	<b>CONTACT NAME:</b> Pam Horan <b>PHONE (A/C, No, Ext):</b> 303-730-2327 <b>E-MAIL ADDRESS:</b> phoran@securityfirstia.com <b>FAX (A/C, No):</b> 303-730-2930
<b>INSURED</b> Apex Integrated Systems LLC Apex Communication Services 8200 Park Meadows Drive #8224 Lone Tree CO 80124	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> SECURA Insurance, A Mutual Company <b>INSURER B:</b> Pinnacol Assurance <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
12526	<b>NAIC #</b> 22543 41190

**COVERAGES**

CERTIFICATE NUMBER: 1973671151

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ OTHER:
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		A3288281	6/10/2019	6/10/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER:
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTIONS</b> <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	4193890	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L. EACH ACCIDENT \$ 1,000,000 E L. DISEASE - EA EMPLOYEE \$ 1,000,000 E L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Pikes Peak Regional  
Building Department  
2880 International Circle  
Colorado Springs CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

## AUTO ADDITIONAL INSURED WRAP

This endorsement changes your policy. Please read it carefully.

This endorsement modifies insurance provided under the following:  
BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### A. AUTOMATIC ADDITIONAL INSURED – PRIMARY AND NONCONTRIBUTORY

SECTION II – LIABILITY COVERAGE, subsection A. Coverage, paragraph 1. Who Is An Insured is amended to add:

#### d. (1) Automatic Additional Insured – Primary And Noncontributory

Any person or organization is an additional insured when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury" or "property damage" resulting from the ownership, maintenance or use of a covered "auto", provided the "bodily injury" or "property damage" is caused, in whole or in part, by you or by those acting on your behalf. This insurance is primary and is not contributing with any other insurance carried by the additional insured.

#### (2) Blanket Lessor Additional Insured Provisions

If the additional Insured is a lessor of a "leased auto";

##### (a) Coverage

- i. Any "leased auto" that is a covered "auto" will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

For a covered "auto" that is a "leased auto" Who Is An Insured is changed to include as an "Insured" the lessor.

- ii. The coverages provided under this endorsement apply to any "leased auto" until the policy expiration date, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

##### (b) Loss Payable Clause

- i. We will pay, as interest may appear, you and the lessor for "loss" to a "leased auto".
- ii. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- iii. If we make any payment to the lessor, we will obtain his or her rights against any other party.

(c) The lessor is not liable for payment of your premiums.

##### (d) Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that required you to provide direct primary insurance for the lessor.

**B. WAIVER -- TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

SECTION IV – BUSINESS AUTO CONDITIONS, subsection A. Loss Conditions, paragraph 5. Transfer Of Rights Of Recovery Against Others To Us is amended to add:

We waive any right of recovery we may have against any person or organization when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be waived from recovery because of payments we make for injury or damage arising out of an "accident" and resulting from the ownership, maintenance or use of a covered "auto". However, our rights may only be waived prior to the "accident" for which we make payment under this Coverage Part. The insured must do nothing after a loss to impair our rights.

NCCI #: WC000313B  
Policy #: 4193890

Apex Integrated Systems, LLC  
8200 Park Meadows Drive, Suite 8224  
Lone Tree, CO 80124

Security First Insurance Agency  
7851 S. Elati St.  
Ste. 100  
Littleton, CO 80120  
(303) 730-2327

**ENDORSEMENT: Blanket Waiver of Subrogation**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

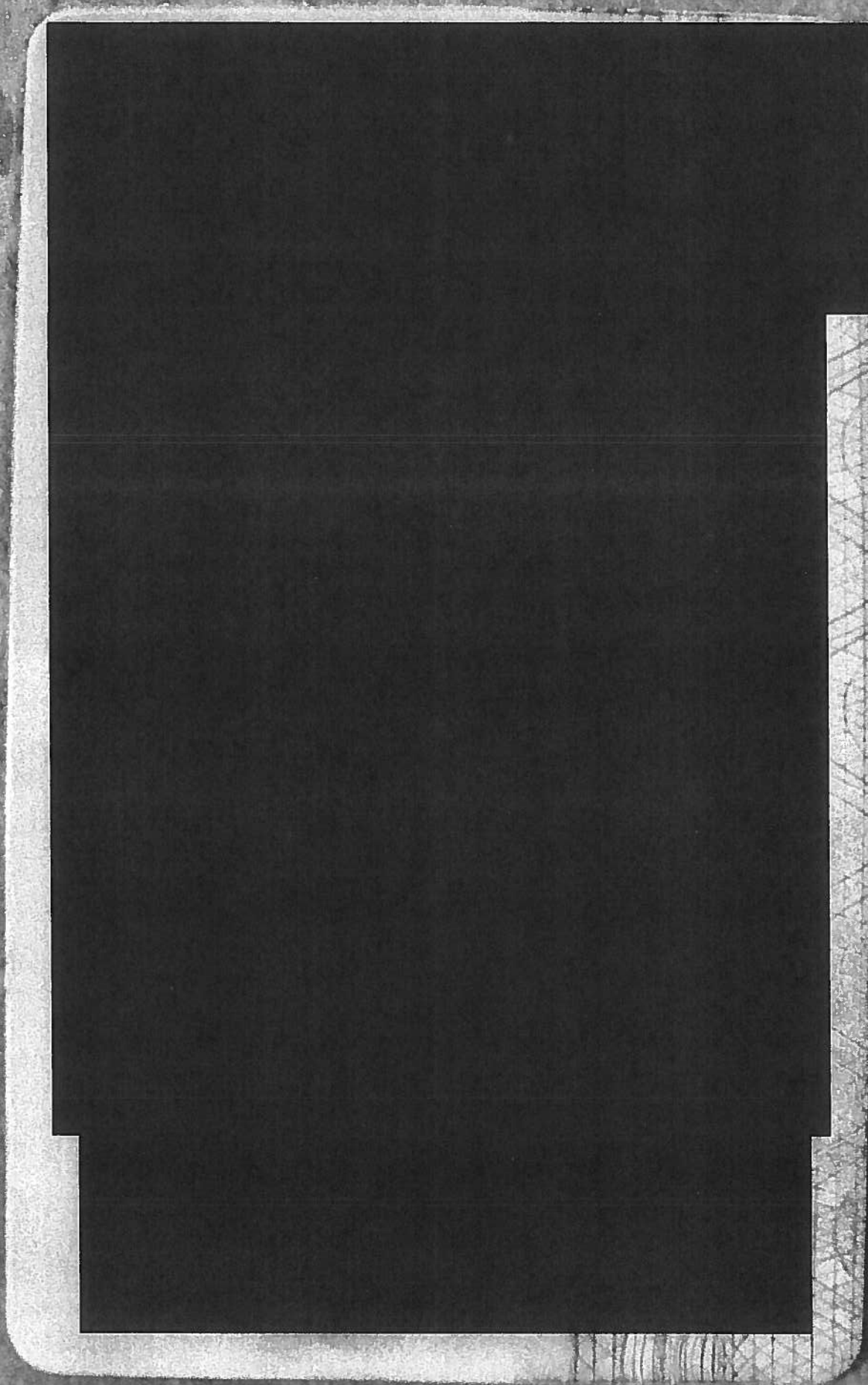
This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE**

To any person or organization when agreed to under a written contract or agreement, as defined above and with the insured, which is in effect and executed prior to any loss.

Effective Date: December 27, 2018      Expires on: January 1, 2020  
Pinnacol Assurance has issued this endorsement December 27, 2018










# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

## Follow us on social media

-  [facebook.com/PPRegionalBuilding/](https://facebook.com/PPRegionalBuilding/)
-  [@PPRBD](https://twitter.com/PPRBD)
-  [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

## Invoice

5/24/2019 10:54:10 AM

(PAULM)

Receipt #: 1601229

Customer: apex integrated system llc

Transaction Summary				
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	app fee	\$50.00

Total Due: \$50.00

Payment Summary				
Account	Description		Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card		702190	\$50.00

Total Tendered: \$50.00

Comment:



I agree to pay above total amount according to card issuer agreement.